## Application Data Sheet

## Application Information

Application Number::

Filing Date::

Application Type::

.

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Regular

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: HALATION-PREVENTION FILTER, IMAGE

ANALYSIS DEVICE EQUIPPED WITH SAID HALATION-PREVENTION FILTER, AND

DIFFRACTION PATTERN INTENSITY
ANALYSIS METHOD AND DIFFRACTION
PATTERN INTENSITY CORRECTION
PROGRAM THAT USE SAID HALATION-

PREVENTION FILTER

Attorney Docket Number:: ADC-Z01-113 DI2

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

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Petition Type::						
Licensed US Govt.	Agency::					
Contract or Grant	Numbers::					
Secrecy Order in Parent Appl.?::		No				
Correspondence Information						
Correspondence Cus	stomer Number::	020808				
Phone Number::		607-256-2000				
Fax Number::		607-256-3628				
E-Mail address::		vanleeuwen@bpmlegal.com				
Representative Information						
Representative Cus	stomer Number::	020808				
Domestic Priority Information						
Application::	Continuity	Parent	Parent Filing			
	Type::	Application::	Date:			
	Division of	10/136,542	5/1/02			
		<u> </u>				

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2001-325324	10/12/01	yes

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Assignee Information

Assignee name:: Vision Arts, Inc.

Street of mailing address:: Tokyo Tatemono-Gotanda Bldg.

6-3, Higashigotanda 1-chome

City of mailing address:: Tokyo

State or Province of mailing

address::

Country of mailing address:: Japan

Postal or Zip Code of mailing

address:: 141-0022

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Tomohide

Middle Name::

Family Name:: Takami

Name Suffix::

City of Residence:: Tokyo

State or Province of Residence::

Country of Residence:: Japan

Street of mailing address:: 39-2, Minamimagome 4-chome, ota-ku

City of mailing address:: Tokyo

State or Province of mailing

Address::

Country of mailing address:: Japan

Postal or Zip Code of mailing

Address:: 143-0025